10: 🚺	<u> Jioconsin</u>	Government	Accountability	Brard

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District (jurisdiction or district of officeholder)

22d District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NICIPALITY OF PESIBENCE IS NOT S	WEIGIENT
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	r always be listed.	OFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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2, tobselle stations	1161957th	□ Town	./
JESSEMIZ COLLIERVEZ	Kenasha wi 51140	Chair Kenosh >	14/9
De Herry //	1212 37 AVE	O Town Pencyhay	4/9/11
4. Japrescharsen	WI 97143	□ Town	1
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5. h. History alinger	0415 10M Ave	Town	4/9/11
6.	INF 53/40	Errown Conshe	7////
Syvan/hon	504/1 ave	O Village Coos 4 2	4/5/
V Fred Schoth	5503-23 DUC Kenosha Wi 53140	D Town D Village Scity Kewosyn	4/9/11
8. Evin Dahme	7226 53M SZ,	Town Village / Leaus kg	4/9/11
9. ()	WI 5240	☐ Town	· · · · · · · · · · · · · · · · · · ·
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10.	2324 54th St.	Town	4 9 1
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RTCHARD CALLER	Certification of Circulate		} (
(nai	me of circulator)	, certify	:
I reside at <u> </u>	ator's residence - include number, street, and municipality)	12110	 ·
		The contract of	
I personally circulated this recall petition and personal district represented by the officeholder named in this	petition. I know that each person signed the p	aper with full knowledge of its content of	n the date indicated.
opposite his or her name. I know their respective resid	lences given. I support this recall petition, I an	n aware that falsifying this certification is	punishable under
§.12.13(3)(a), Wis. Stats.	Kudan	Lali our	
(date)		(signature of circulator)	
PICASE AD-170 (Rev. 6-2007) The information on this form is required by §§. 8-40 and 9,10	mail this form to: Recall W	Virch Page No.	
Pais form is presented by the Government on the form is required by 45, 8.40 and 9,10 lbis form is presented by the Government Accountability Beard, P.O. Box 7984, Mac 08, 266-8005,			

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

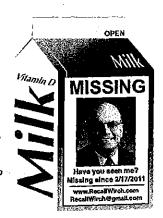
22d District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE		T
	Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Laquara Hamilton	6127 25 AVE	Town Village Kenosha	419/2011
2. // A)	18072944AVE	Town Utillage K Orotho	4/9/11
3. Shota Neeson	Consta wi 5343	O Town O Village CROSHY	4/9/11
4. Steer by Price	1232 U8+) st WX S3143	Town O'lilage Chalma	4/9/11
Melne Valus	1313 73Rd 59 Kerusha W# 52143	O Village CONUSUA	1/9/11
6. Charles Dehager	7235 SHERIDAN RD KENOSHA WI 53143	D Town U Village P City	4/9/11
Busan Q. Q	1204-14 to for Kend W15318	1 Town 1 Village Kenush	4911
8. Rebeton Johnson	7410 15th Ave WI 53143	D Town D Village Henry Sher	4/9/11
9. Hany Ware	WT 53140 2002 57 1/2 Street	D Town U Wage Stity U M OS C	4/9/11
Horence Lusso	4700-24-51	Town Grand Grand	4/9/11
RICHARD SALWAY	Certification of Circulato	or	· / /

I, RICHARD SACWAY Certification of Circulator	, certify:
I reside at 23 A JOHNSON KP LATHAM NT 12110 (circulator's residence - include number, street, and municipality)	certify.
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this office and the paper with full knowledge of opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this office has been also been al	if its content on the data indicated
(date) (date) (signature of circulator) (AB-170 (Rev. 6/2007) The information on this form is required by \$4. 8.40 and 9.10. Wis. Stats. (DAB-170 (Rev. 6/2007) The information on this form is required by \$4. 8.40 and 9.10. Wis. Stats. (DAB-170 (Rev. 6/2007) The information on this form is required by \$4. 8.40 and 9.10. Wis. Stats. (AB-170 (Rev. 6/2007) The information on this form is required by \$4. 8.40 and 9.10. Wis. Stats. (BOS. 266-8005, INDEX PRINCIPAL AND INCOME.) (AB-170 (Rev. 6/2007) The information on this form is required by \$4. 8.40 and 9.10. Wis. Stats. (BOS. 266-8005, INDEX PRINCIPAL AND INCOME.) (AB-170 (Rev. 6/2007) The information on this form is required by \$4. 8.40 and 9.10. Wis. Stats. (BOS. 266-8005, INDEX PRINCIPAL AND INCOME.) (AB-170 (Rev. 6/2007) The information on this form is required by \$4. 8.40 and 9.10. Wis. Stats. (BOS. 266-8005, INDEX PRINCIPAL AND INCOME.)	Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22" District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
	<u>''' </u>	MUNICIPALITY OF RESIDENCE	DATE OF		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	[i	SIGNING		
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2/10 HQ H 11	57143	D Town C Village	4/4/1		
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1. France Strok	1419-615	O Town O Village O City	4/4/11		
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1. CHRISTOPHER J. BAX	Certification of Circulate	or , certify	у:		

CORUTO THER VISIANTER	, certify:
reside at 1470 AVONDALE AVE. JACO	KSONULLE) FL 32205
(circulator's residence - include number, sm	eet, and municipality)
I personally circulated this recall petition and personally obtained each of the sign district represented by the officeholder named in this petition. I know that each proposite his or her name. I know their respective residences given. I support this not suppo	erson signed the paper with full knowledge of its content on the date indicated
(datc)	(Signature of circulator)
Please mail this form to:	Recall Wirch

AB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. is form is prescribed by the Government Accountability Board, P.O. Box 7984. Madison, WI 53707-7984 8-266-8005, https://gab.wi.gov V

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

tofficial with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsing (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ICIPALITY OF RESIDENCE, IS NOT SU ALWAYS BE LISTED.	FFICIENT.
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<u> </u>	Certification of Circulate	or WI	
1. CHRUTOPHOR J. BAXTED		, certif	y:
Treside at 1470 AVONDME AU		2205	<u> </u>
I personally circulated this recall petition and personalistrict represented by the officeholder named in the	anally obtained each of the signatures on this pairs patition. I know that each person signed the	pper. I know that the signers are electors paper with full knowledge of its content	of the jurisdiction of the date indicate

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

GAB-170 [Rev.6/2907). The information on this form is required by §8, 8,40 and 9,10, Wis, Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, https://doi.org/10.1008/email.gab/g/wi.gov

§.12.13(3)(a), Wis. Stats.

Please mail this form to: Recall Wirch

8.5.40 and 9.10, Wis. State.

P.O. Box 26 • Silver Lake, WI 53170

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

(signature of circulator)

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	SUFFICIENT.		
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
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1, Jean Siussic	amp@circulator1 () / -+ , 1/		ıy.		
Treside at 8408 ENGLER	He Stelphy Mo	63/19	<u>·</u>		
(circulator's residence - include number, street, and municipality)					
I personally circulated this recall perdion and person	ally obtained each of the signatures on this pa	per. I know that the signers are electors	of the jurisdiction of		
I personally circulated this recall personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated					
opposite his or her name. I know their respective res	idences given. I support this recall petition. I a	m aware that falsifying this certification	is punishable under		
§.12.13(3)(a), Wis. Stats.	(klan)	Mussie			
(date) (signature of circulator)					
	e mail this form to: Recall (1 Lase 12	0.		
GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9. This form is prescribed by the Government Accountability Board, P.O. Box 7984, N 608-266-8005, http://egb.wij.gm/email; gab@wigov	10, Wis. Stats. Indisert, WI 53707-7984 P.O. Box 26 • Silver www.RecallWirch.com • R	Lake, WI 53170	2005		

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22st Wiscousiu State Senate District

petition for the recall of Robert Wirch 22rd D

22nd District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.						
1)	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF			
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING			
1 alaci Stocher	(1527 17 11 AVC Kenshow WT 53143	D Town D Village QCity Le \(\chi_S \) LCC	3/25/11			
2 News Roberts	5320 17th Ave #160 Kenasha, W153140	Drown Dyllege Kenosha	3-25-11			
3 AMOR DIXLE	HOY3 5343NC	Town Ullege Section	3/254			
4. Jefninger Lynch	(6300 - 28-41AUE. Kenosha wi 53143	Town United the state of the s	3/25-1			
5 Stefani Richmond	1530-304 Awrell L. W. 53143	D Town C Village City Lentsha	3/25			
6. Ein Shutte	3029 Roosevet R	10 Town D Village - Dicity. / Chrosic	3-25			
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10. Begin war	WJ 53143 7321 7355	□ Town □ Village □ City C ~5/1/A	3/25-			
	Certification of Circulato	or				

0 11 10 64	Certification of	Circulator		
I, <u>KICHARD</u> SAC	WAY		, certify	y:
Treside at 23A JOH.	(name of circulator)	ATHAM NO	12110	
,	(circulator's residence - include number, street.	and municipality)	•	
personally circulated this recall petition and district represented by the officeholder named				

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984. Madison, WI 53707-7984
608-266-8005, https://doi.org/10.1007/j.jps.com/ii-go/ba/wisgo/

§.12.13(3)(a), Wis. Stats.

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
1. nicole Madson	101 53144	Town Utilage Lenosha	4/1/11		
	4817 37th 40+ 4	D Town	 '/ 		
2. Lucielcha Gnaves	Keroska w/55344	Ovillage Lenosna	4/11/11		
3. Hayana	5110 32 not AVE	D Town D Village D City	4/11/11		
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8.	2006 washington	Town Village \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	4/11/11		
S. V.	1/0 Sweet 53142	O Town	4/1/11		
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-	/ Certification of Circulate)r			
1, RICHARD SALWAY		, certify	<i>r</i> :		
I reside at 23 A JOHNON	me of circulator) RD (ATHAM V)	12110			
(circulator's residence - include number, street, and municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or					
district represented by the officeholder named in this	netition. I know that each nerson signed the o	paner with full knowledge of its content of	on the date indicated		
opposite his or her name. I know their respective resi	dences given. I support this recall polition I an	n aware that falsifying this certification is	punishable under		
\$ 12 13/3\(a\) Wie State / /	011		•		
4-11-11	Kukaw	salway/			
(date)	that to the second	(signature of circulator)			
Please	e mail this form to: Recall W	Virch Base No.			
GAB-118 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.1 This form is prescribed by the Government Accountability Board, P.O. Box 7984, M. 608-266-8005, http://gab.wi.gov.cmail: gab@wi.gov	0. Wis. Stats. salison, WI 53/207-7984 P.O. Box 26 • Silver www.RecallWirch.com • Re		2007		

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22nd District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



		<u> </u>	
	PURPOSES, WHEN DIFFERENT THAN MUN		JFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
1	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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(date)		(signature at circulator)	
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GAB-170 [Res-6/2007] The information on this form is required by §§. 8.40 and 9 This form is prescribed by the Government Accountability Board, P.O. Box 7984, 8	dadison WI 51702-7984	Lake, WI 53170	2008
608-266-8005, http://gab.wi.gov/emails/gab@wi.gov	www.RecallWirch.com • Re	ecallWirch@gmail.com	

TO: Wisconsin Government Accountability Board

Cofficial with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

District State Senate of Wisconsin (name of officeholder to be recalled and office) petition for the recall of Robert Wirch

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the reason for recall must be stated on petitions for city, village, town, and school district officials. the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional,



Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. DATE OF SIGNING STREET & NUMBER OR RURAL ROUTE Indicate Town, City, or Village Rural address must also include box or fire no. SIGNATURES OF ELECTORS □ Town Village City 140 □ Town □ Village Cily 石Town 3140 O Village **O**City O Town 3 **d** Village City (1) Town O Village City **SATOW** Village □ Town 6. Village City City 7. □ Town U Village Cily ☐ Town 8. ☐ Village C/City 9.

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Ple	ase mail this form to: Recall Wilch and 9.10. Wis. Stats. P.O. Box 26 • Silver Lake WWW.RecallWirch.com • Recall WWW.RecallWirch.com • Recall	wisch@gmail.com
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TO: Wiscousin Government Accountability Board

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



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Certification of Circulator	40
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1 reside at 1470 AUNDALE AVE, TACKSONVILLE, PL 32205 (circulator's residence - include number, street, and mainicipality)	<u></u>
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the district represented by the officeholder named in this petition. I know that each person signed the paper with full know opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying	

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

22d District State Senate of Wiscousin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.				
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
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I reside at 1470 AVONOALE AVE	ne of circulator) TACKSONVILLE FL 32205 tor's residence - include number. street, and municipality)	<u> </u>
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Please mail this form to:

Recall Wirch

Page No.

(signature of circulator)

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

petition for the recall of Robert Wirch 22rd District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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Certification of Circulator CltRISTOPHER J. BAXTER	_, certify:
I reside at 1470 AVUNDALE AVE, JACKSONVILLE, FL 32205 (circulators residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification.	content on the date indicated
§.12.13(3)(a), Wis. Stats. (signature of circulator)	

Please mail this form to:

Recall Wirch

Page No. P.O. Box 26 • Silver Lake, WI 53170

GAB-170 (Rev.6/2007). The information on this form is required by §§. \$.40 and 9.10. Wis. Stats This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.am. email: gab@wi.gov

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22th Wiscousin State Senate District (jurisdiction or district of officeholder)

22rd District State Senate of Wiscousin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22th State Senate District in Madison



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reside at 1470 AVONDALE AVE, JACKSONVILLE, FL 3220. (circulator's residence - include number, street, and municipality)	y
I personally circulated this escall petition and personally obtained each of the signatures on this paper. I know that the signers a	are electors of the jurisdiction

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

> (date) Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. 2013

GAB-176 (Rev 6/2007) The information on this form is required by \$§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984. Madison, WI 53707-7984
608-266-8005. https://pab.wis.eou cruail: gab@wis.gou

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder

petition for the recall of Robert Wirch

22" District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehvoing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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Certification of Circulator CHRISTOPHER J. BAX TER (name of circulator) T. CHRISTOPHER J. BAX TER (name of circulator) T. CHRISTOPHER J. BAX TER (name of circulator)	certify:
reside at 1470 AVONDALE AVE, J JACKSONVILLE, FL 3270	
reside at 17/0 110000110 (circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper, I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2014

GAB-176 (Rev.&2001) The information on this form is required by \$8, 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 1984, Madison, WI 53707-7984

608-266-8005, http://gab.oijem/mill:pab@wigov

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District (jurisdiction or district of officeholder)

22rd District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
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I reside at 4219 @	Leux Varien Cy	Wichthe No le	12/0_
(circ	ulator's residence - include number, street, and municipality)		
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or			
district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated			
opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.			
<u>) 21 1) </u>	Volena	X. Potter	
(date) Plage	e mail this form to: Recall V	(signature of circulator)	
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GAB-110 (Rec. 6:2007) The information of this form required by S ₂ , S ₂ and size. This form is prescribed by the Government Accountability Board, P.O. Box 7984, 2 608-266-8005, https://doi.org/10.1007/j.jch/@ixigov	Www.RecallWirch.com • R		2015

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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TeAN Stu	Certification	of Circulator	, certify:
I reside at 8408 ENG	(name of circulator) (circulator's residence - include number	States, and municipality)	63/14
I personally circulated this recall petition and particular transfer transfer the officeholder named in opposite his or her name. I know their respective §.12.13(3)(a), Wis. Stats.	n this petition. I know that each	a person signed the paper with full k	nowledge of its content on the date indicated
GAB-170 (Rev.&2007) The information on this form is required by §§. 8.4		(sighature of circles) Recall Wirch Box 26 • Silver Lake, WI 5:	3170 Page No. 7.0\6
This form is prescribed by the Government Accountability Board, P.O. Box 608-266-8005, http://eab.wicon.cmail:rabid/wicov	www.Reca	allWirch.com • RecallWirch@	gmail.com

608-266-8005, http://gab.wi.gov email: gab@wi.gov

RECALL PETITION
TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)
We, the undersigned qualified electors of the 22 rd Wiscousin State Senate District
(jurisdiction or district of officeholder)

22rd District State Senate of Wiscousin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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Oct	- ·	(name of circulator)					
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I personally circulated this	recall petition an	d personally obtained	l each of the si	gnatures on this	paper. I know that t	the signers are	electors of the jurisd	iction or
district represented by the	officeholder name	ed in this petition. I l	anow that each	person signed th	e paper with full kn	owledge of its	content on the date i	indicated
opposite his or her name.	I know their respe-	ctive residences given	. I support this	recall petition. I	am aware that falsi	fying this certif	fication is punishable	under
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P.O. Box 26 • Silver Lake, WI 53170

Page No. 201

GAB-170 (Rev.6/2007) The information on this form is required by §§, \$.40 and 9.10. Wis. Stats. This form is prescribed by the Government Accountability Roard, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gok.wi.gov.cmail.gab@ai.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

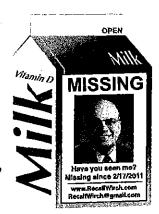
22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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§.12.13(3)(a), Wis, Stats. Bell

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gob.wi.om_email: gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification \$.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI-53170

Page N

20(7) The information on this form is required by , . 8.40 and 9.10. Wis. Stats. St. of the Government Accountability frame. . . . oy 7984, Madison, WI 53

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TO: Illiana a series	RECALL PETITION		OPF
TO: Wisconsin Government Accountability		ce is filed)	Milk
We, the undersigned qualified electors of the 22	Wisconsin State Senate District		MISSING
petition for the recall of Robert Wirch 22"	District State Senate of Wisconst	At Winner Statutes	
from office pursuant to Article XIII, Section 12 of ST (The reason for recall must be stated on petitions for a the official responsibilities of the officeholder. No stategislative, judicial, or county officials.) Rehusing to represent the citizens of Wis	FATEMENT OF REASON ity, village, town, and school district officials. The itement of reason is required to initiate the reca	ne reason must be related to the fit of state, congressional,	Have you seen me? Missing aince 2/17/2011 www.RecaRVirch.com RecallWirch@gnsili.com
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Please mail this form to:

OOi) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats.

State of the information on this form is required by §§ 8.40 and 9.10, Wis. Stats.

William Covernment Accountability Board, P.O. Box 7984, Madison, WI 53/107-7984

Wilson Covernment Accountability Board, P.O. Box 7984, Madison, WI 53/107-7984

Wilson Covernment Accountability Board, P.O. Box 7984, Madison, WI 53/107-7984

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountabili	RECALL PETITION by Board	· · · · · · · · · · · · · · · · · · ·	OPEN
We, the undersigned qualified electors of the $\frac{22}{6}$	** Wisconsin State Senate District trisdiction or district of officeholder)	Vilanin D	MISSING
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Please mail this form to: Recall Wirch P.O. Box 26 • Silver Lake, WI-53170 — www.RecallWirch.com • RecallWirch@gmail.com GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

's from is preserted by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

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Page No. 2021

	RECALL PETITION		OPEN
TO: Wisconsin Government Accountability	Board or declaration of candidacy for the office	is filed)	Milk
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Page No. 2022

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wiscousiu State Sexate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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Please GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.16 This form is prescribed by the Government Accounts billity Board, P.O. Box 7984. Mar	run (1202-3904)	Page No. 2023
608-266-8005, http://gab.wis/or/cmail:gab@wigot	www.RecallWirch.com • RecallWirch@gmail.co	om ——

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehwing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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I personally circulated thi	s recall petition and personally obtain	ied each of the signatur	es on this paper. I know th	at the signers are ele	ctors of the jurisdiction or
district represented by the	officeholder named in this petition.	I know that each person	n signed the paper with full	knowledge of its co	ntent on the date indicated
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GAB-170 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis. State P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Beard, P.O. Box 7984, Madison, WI 53101-7984
608-266-8005, http://gab.wi.gov/emilit.gab@wi.gov/ www.RecallWirch.com • RecallWirch@gmail.com

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TO: Wisconsin Government Accountabil	RECALL PETITION		OPEN
(official with	whom nomination papers or declaration of candidacy for the	office is filed)	
We, the undersigned qualified electors of the $\underline{2}$	2 nd Wisconsin State Senate District	, Vilamin D	MISSING
petition for the recall of Robert Wirch 2	2nd District State Senate of Wiscon (name of officeholder to be recalled and office)	oin 🗡	MISSING
from office pursuant to Article XIII, Section 1		of the Wisconsin Statutes.	
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Refusing to represent the citizens of Wi	<u>isconsin 22ª State Senate District i</u>	и Madison.	
	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST		UPFICIENT.
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shara the	Kenisha 52/40	Ma city	Jarn
Willie Edward Certification of Circulator, certify:			
I reside at 43 E SOH (name of circulator) NORTH TUSA, OR 74126			
(cin	culator's residence - include number, street, and municipality)		
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicate opposite his or her name. I know their respective residences given. I support this recall petition is punishable under §.12.13(3)(a), Wis, Stats.			

(date)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, <a href="https://doi.org/10.1007/j.jps.com/html/per

Please mail this form to: Recall Wirch

St. 8.40 and 9.10, Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170

Www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN	•	UFFICIENT.
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8.	3617 W. Greenfield Aug 53215	orown Ovillage Kenosha	3/07/1
9.	51/2 4-87 Kenosha 53144	orown village te nosha	3/27/11
10. Rachel Deckett	5/12 42 STA 5314	Town Village FLOS/14	3/27/11
Certification of Circulator			
I reside at 43 F 50 th 51 NOCH 1415A 10174126 (circulator's residence - include number, street, and intuhicipality)			
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective resi §.12.13(3)(a), Wis. Stats.	ally obtained each of the signatures on this pap petition. I know that each person signed the p	paper with full knowledge of its content	on the date indicated

Please mail this form to:

GAB-170 (Rev.6/2007). The information on this form is required by §§. 8.40 and 9.10, Wis. Stats

608-266-8005, http://gab.wi.gov email: gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WF 53707-7984

(signature of circulator)

Page No.

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Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

RECALL PETITION TO: Wiscousin Government Accountability Board (official with whom nomination papers of declaration of candidacy for the office is tifed) We, the undersigned qualified electors of the 22th Wiocousiu State Seunte District (jurisdiction or district of officeholder) 22 District State Senate of Wisconsin trame of officeholder to be recalled and office) petition for the recall of Robert Wirch from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.) Rehusing to represent the citizens of Wisconsin 22 State Senate District in Mudison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF Rugal address must filso include box or fire go. SIGNING Indicate Town, City, or Village □ Town X Village C City **⊘** Village □ City □ Town 3. □ City ☐ Town 4. Village 5. Town Village J City 🗓 Town 6. Village ☐ City 7. ☐ Town → Village J City 8. → Town J Village □ City 9. □ Town □ Village ☐ City ☐ Town 10. → Village Certification of Circulator , certify: I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person/signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this regal petition. I and aware that talsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

GAB-170 (Rev. 6/2007). The information on this form to required by §8, 8.40 and 9.10. Wis. State.

003-266-8005, $\underline{hnp_{1}}(g_{ab})_{wicgord}$ crossit gabig wi gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, W4 53207, 2984

Please mail this form to:

∦ecall Wirch

P.O. Box 26' Silver Lake, WI 53170

RECALL PETITION OPEN TO: Wisconsin Government Accountability Board (official with whom nonlination papers or declaration of candidacy for the office is filed) We, the undersigned qualified electors of the 22 Wiscousin State Senate District MISSING (jurisdiction or district of officeholder) 22 District State Senate of Wisconsin pelition for the recall of Robert Wirch (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to dissing since 2/17/2011 the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.) Refusing to represent the citigens of Wisconsin 22rd State Senate District in Madison THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. DATE OF MUNICIPALITY OF RESIDENCE STREET & NUMBER OR RURAL ROUTE SIGNING SIGNATURES OF ELECTORS Indicate Town, City, or Village Rural address must also include box or fire no. □ Town ☐ Village City ☐ Town ☐ Village City □ Town □ Village City **□**,Town **ya** Village C) City □ Town ¥ Village 5. City ☐ Village 6. □ City ☐ Town □ Village 7. C City □ Town Village 8. City □ Town □ Village 9. City C) Town □ Village 10. ☐ City Certification of Circulator certify: (name of circulator) I reside at _ (circulator's residence - include number, street, and municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

§.12.13(3)(a), Wis. Stats.

38-266-8005, http://gob-wiegov-email: pabeywl gov-

AB-170 (Rev. 6/2007). The Information on this form is required by §§. 8.40 and 9.10. Wis. State

(signature of circulator) Recall Wirch Please mail this form to: Page No. P.O. Box 26 • Silver Lake, WI 53170 his form is prescribed by the Government Accountability Board, P.O. Box, 7984, Madison, WI 53707-7984 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wiscousin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

22d District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



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Certification of Circulator			
1, Richard Kiswi , certify:			
Treside at 1201 S. Newada Colorado Springs Colorado 80903			
Treside at Vol 3 Nevada Colora do Spring Colora do 80703 (circulator's residence - include number, street and municipality)			
personally circulated this recall petition and personal		ner 1 know that the signers are electors	of the invisdiction of
personally circulated this recall petition and personal	anany obtained each of the signatures on this pa	per, a know marine signers are electors	or the jurisdiction

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition, I am aware that falsifying this certification is punishable under

GAR-170 (Rev.6/2007). The information on this form is required by §§. \$.40 and 9.10, Wis. Stats "This form is prescribed by the Government Accountability Board, P.O. Box, 7984, Madison, WI \$3700-608-266-8005, http://cab.wi.gov/email:gab@wi.gov/

§.12.13(3)(a), Wis. Stats.

Please mail this form to: Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

Page No.

(signature of circulato)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wiscousiu State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Sexuate of Wiscousius (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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S X1. 1 10	ame of kirculator)	olorado 80903	
I reside at 1201 5- Newada Colorado Prinas Colorado 80903 (circulators residence - include number, steet, and authicipality)			
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or			
district represented by the officeholder named in this	namy obtained each of the signatures on this pays petition. I know that each person signed the r	paper with full knowledge of its content	on the date indicat
district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. Lam-aware that falsifying this certification is punishable under			
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GAB-170 (Rev. 6-2007) The information on this form is required by \$9, 5-30 and 7. This form is prescribed by the Government Accountability Board, P.O. Box 7984; \$608-266-8005, http://gab.wiseov.email/gabd/wiseov.	www.RecallWirch.com • Re	ecallWirch@gmail.com	
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TO: Wisconsin Government Accountability Board (official with whom nomination papers or declaration of candidacy for the office is filed) We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder) petition for the recall of Robert Wirch 22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	SUFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST		DATE OF
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	SIGNING
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L VICO PARTITION		·	
Certification of Circulator, certify:			

I reside at	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the ji district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the copposite his or her name. I know their respective residences given. I support this secall position. I am aware that falsifying this certification is punish §.12.13(3)(a), Wis. Stats.	Ture intercure

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev. 6/2007) The information on this form is required by §5, 5, 40 and 9, 10, Wis. Stats This form is prescribed by the Government Accomplability Board, P.O. Box 7884, Madissei, WI 53707-7984 (608-266-8005, http://gob.wi.gov/cmail.gab@wi.gov/

www.RecallWirch.com • RecallWirch@gmail.com

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22dd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Please mail this form to:

GAB-170 (Rev. 6/2007). The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Beard, P.O. Box 7984, Madison, WI. 53707-7984.

608-266-8005, http://gab.wi.gov/email: gab@wi.gov

Rehaving to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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7. J. Fed Buchta	177 24th Ans	D Town D Village 5540 3	3/2411
8. LATRICA M. Bide	1505 SAND ST Kenusha W 53403	O Town O Village Kewsha	3/20f4
"Share Coda	KONO BROWL	D Town D yillage (53143	72/11
10. (2552 / MIMIT 146	Kenesha	G Town D Village City 5 } (((3-75%
Willie Edwards	Certification of Circulate	or, certif	y:
I reside at 43 ESOTA	une of kirculator) Worth Julsa lator's residence - include number, street, and municipality)	OK 74126	·
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.			
(date)		(signature of circulator)	

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT SU	IFFICIENT.
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1. Richard Ris	Certification of Circulator	, cenify:
1,0 1,1	evada Colorado Springs Colorado	80903
I reside at 1201 3 1	(circulator's residence - include number, street, and sturbicipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

TO: Wiscousin Government Accountability Board

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats

Dis form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.co/

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



Page No.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.				
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2. Luly By	2418-7281 renosta W. 5.5443	O Town O Village O City	7/2014	
3. ghel Jane	7801-88+1 AVE LOT 201 P.P. W. 53158	Drown DLE PRAIRIE	3/26/11	
4. William She	12500 MAUS 143	O Town O Village O Gily	3/2/11	
5.	4827 - 2154AC=	O Town O Village O City Conty Con	3.26-11	
6. Liften	6506 27 nd Ave Kennisha UI 53/43	U Town U Village U City	Sticket	
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9. And Down	16800 - 27/2 12/2 NENOTO WI 53/45	□ Town □ Village □ City	3/26/11	
10. Daras & Pay	2264 (oct 457)115-1 W, 33140	D Town D Village Recity	426-11	
Certification of Circulator , certify:				
I reside at 23A JOHNSON RO LATHAM WY 12110				
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.				
(datc) Please	e mail this form to: Recall V	(signature of circulator)		

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousik State Senate District

petition for the recall of Robert Wirch 22d District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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"angela Usmis	Kenosha W/ 53/42	PSCity 53/42	3-25-11
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"Whand of gleron	Drive Kenrik	City 53144	

1.111	Certification of Circulator	.:0
1, <u>MILL</u>		, certify:
I reside at	E SOM STREET NORTH JUSCE, Girculator's residence - include number, street, and municipality)	-UL (1120_

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Witch

Page No. 2035

GAB-170 (Rev. 6/2007). The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is prescribed by the <u>Government Accountability Board, P.O. Box 7984</u>, Madison, WI 53/107-7984
608-266-8005, <a href="https://doi.org/10.1007/j.com/html/per/memory-tempo

P.O. Box 26 • Silver Lake, WI 53170

Www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

tjurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State

22d District State Senate of Wiscousin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Noopu Sovera	4135, Ranger Hall, UND Dr.	O Town O Village Chosha	3/23/1
2. Dank lan	2002 16th Are Konsula. W.J. 53147	DTOWN DVillage 57140	3/25/11
3 David Erin.	3204 14171 STree - Kenssan, uz 52144	U Town U Village UCity 53/44	3/25/11
4. Ryan Mark 1803	4735University Dylve Kenosha WI, 53144	Town Village City 53144	3/25/11
cherita wiman	1407 30th ave.	O Town O Village O City 53144	3/25/11
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8. WLBU	1109 Stratford Ct Racine W1539 No.	0 Town 0 Village 53406 Øcity	3/25/11
9. Jacken Valum	1135 Ranger Hall, Un.	O Town Uvillage	3/25/11
10. Odin Ahrshaj	4135 Ranger Hall Kenosher WI	CI Town CI Village SI-Cily	3/25/11

. 11):llio	Educards Certification of Circulator	, certify:
I reside at 43	F SOLL ST NORTH JUSE OR 74126	
reside at	(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. 2.336

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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2. Rita Magnaga	1856 22hd #510	Trown 53/46	3/24			
3. Zoch Johnson	York Outer Loop Rol. Kenscha: S3144	D Town O Village Lever Lie O'City	3/24			
4. Wendy Oron	Racini Ni #653405	ix Town U Village U City 53405	3/24			
⁵ Mike Van Dever	ZSA BUCKanan Rd. Renosha WI	O Town O Village Excity	3/24			
6. Tyran Lawonera	renosha 918 48 th st	o Town Kenosha	3/24			
7. Nicholas Zabloudi)	4135 University Dr. Kenosha WI Room 155	10 Town Constant Cons	3/24			
8. Stephen Delcizé	3737 Universely Dr. Kenosla Wt 53144	O'llage Ooners	3/24			
9. Martino Balsiger	Kenesha WI 53140	Town / 53/40 Uvillage / Evo Ho	3/24			
10. Vito Sundord	Kenosha WI 53/43 7740 7th and	Town Village 5 3/4 3	3/24			

11):11:0	Certif	ication of Circ	ulator	
1, //////	Corward S			certify:
Freside at 43	E SOM ST	North	Tulsa,	UK 741 46
	(circulator's residence - in	iclude number, street, and mun	deipality)	
district represented by the office	cholder named in this petition. I kno	ow that each person sign	ed the paper with full k	the signers are electors of the jurisdiction of mowledge of its content on the date indicated
opposite his or her name. I kno	w their respective residences given. I	support this recall perio	ion. I am aware that fals	sifying this certification is punishable under
§.12.13(3)(a), Wis. Stats.	3.24.//_			
(date)		signature of circu	ulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, Wi 53170

Page No.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI \$3707-7984 (608-266-8005, http://gob.wi.gov.email: gab@wi.gov

GAB-170 (Rev.6/2007). The information on this form is required by §§. 8.40 and 9.10. Wis. Stats

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, villoge, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	SICIPALITY OF RESIDENCE, IS NOT SI TALWAYS BE LISTED.	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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4. Harrell Bry	Keresta 18" Steel	Town 53/4	3-221
5. Dane Shorhaber	1420 87 in Pl Konacha	0 Town 5 3143	2-22-4
6.		□ Town □ Village □ City	
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1 ILLILIE POWARDS	Certification of Circulator	, certify:
Treside at	of circulator) 1 - North - Tulsa, OK 2's residence - include number, street, and municipality)	74126

I personally circulated this recall petition and personally obtained each of the signatures on this paper, I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recell position Lam aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev.6/2007) The information on this form is required by \$§, \$.40 and 9.10. Wis. Stats. This form is prescribed by the Covernment Accountability Board, P.O. Box 1984, Madison, Wt 53101-2984 (608-266-8005, http://gab.wi.cov/cmit.gab/givi.gov/

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

22nd District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Anicle XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		SUFFICIENT.
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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4. Shavan Lemster	Kenosha 2022 575+	D Syllage 5 3/40	3/19/2
5. LAMONT Jones	4513,45. 2LAV	Monitorial Street Stree	3/19/11
Jana Brown	1928 45 SP	Town oviding 53140	3/19/11
BAMITO Flores	2025 ST Keirshows	Grown Uvillage 53/60	3/19/11
8. Emma mre/ Flores	2025457 Kepasha Wis 4513 45t 215 Kenisha	D Town D Village PGily 53/40	3/19/11
Shanta Moss	451345#3PtKenosha	O Town 53/46 O'City	3/19/11
10. JL Price	26 Zhu APT 107	Prown 53144 O Village City	3/19//
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Ireside at 43 E SoTH St In	Noeth Tulso	OK 74126	

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Willie	Edward	Certification of	Circulator		, certify:
I reside at 43 E		me of circulator) Oce 'the Tollator's residence - include number, street	<u> </u>	OK 74126	
district represented by the o	ecall petition and person Niceholder named in this	ally obtained each of the sign	atures on this paper rson signed the pap	er with full knowledge of it	e electors of the jurisdiction or is content on the date indicated diffication is punishable under
(C GAB-170 (Rev.6/2007). The information on This form is prescribed by the Government A	this form is required by §§. 8.40 and 9.1	e mail this form to: 0. Wis. Stats. 20050cm, WI 53707-7984 P.O. Box	Recall Wir	rch ake, WI 53170	Page No.

608-246-8005 http://gab.ssi.gov/cmail: gab@wi.gov

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JU.	MMMM CONTRACTOR		1 · · · ·	- amination pa	

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to

the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehwing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



NORTH FOR MALLING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
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I personally circulated this recall petition and per district represented by the officeholder named in	sonally obtained each of the signatures on this	ne paper with full knowledge of its cont	ent on the date indicate
district represented by the officeholder named in opposite his or her name. I know their respective	residences given. I support this recall petition	I am aware that falsifying this certificati	on is punishable under
CORPOSITE BIS OF RELIGIOUS. I KNOW WAS A PARTY	lesidences given.	1/2	

(date) Recall Wirch Please mail this form to: P.O. Box 26 • Silver Lake, WI 53170 GAB:170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis, Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984; Madison, WI 53707-7984
VS8:266-8003, http://gab.vi.gov/cmail.gab@ivi.gov/ www.RecallWirch.com • RecallWirch@gmail.com

§.12.13(3)(a), Wis. Stats.

Page No.

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousiu State Senate District

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsine (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehwing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com Page No.

TO: Wiscousin	Government	Accountability	Board	

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22nd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT SI	JFFICIENT.		
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under					
§.12.13(3)(a), Wis. Stats. 4-7-11 Ruday Sulesay					
Please mail this form to: Recall Wirch					
GAB-110 (Rev.6/2007) The information on this form is required by \$\$. \$.40 and 9. This form is prescribed by the Government Accountability Board, P.O. Box 7984, M 608-266-8005, http://gab.wi.gov	10. Wis State PO Box 26 • Silver	Lake, WI 53170	2042		

TO: Wisconsin Government Accountability Board

[Official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 224 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wiscousin

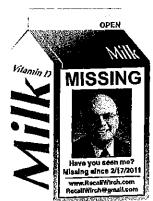
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	SICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
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AB-170 (Rev.6-2007) The information on this form is required by §§, 8.40 and 9,10, Wis. Stats, his form is prescribed by the Government Accountability Beard, P.O. Box 7984, Madison, WI 53707 08-266-8005, https://gob.wi.gov cmail: gub@wi.gov	P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wiscousin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



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4-2-1/

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

(date)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Please mail this form to:

GAB-170 (Rev. 6/2007) The information on this form is required by §§ 8.40 and 9.10. Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 1984, Madison, WI 53707-7984

608-266-8005 http://gab.wi.gov/emoil:/gab@wi.gov

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



Page No. 2045

			
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	and this m	oper 1 know that the signers are electors	of the jurisdiction
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signatures of this paper with full knowledge of its content on the date indicated district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition.			
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121/11		(signature of circulator)	

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

22 District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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GAB-170 (Rev. 6/2007) The information on this form is required by §§, \$.40 and This form is presented by the Government Accountability Board, P.O. Box 7984, 608-266-8005, http://eab.wi.gov/email:gab/gro.igov/	Madison, WI 53707-9964 P.O. BOX 26 Silver Www.RecallWirch.com • R		WTO

TO: Wiscousin Government Accountability Board

GAB-170 (Rev. 6/2007) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, Wi. 53707-1984.

608-266-8005, http://eab.wi.etc. cmail; gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

frem office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ICIPALITY OF RESIDENCE, IS NOT SU	IFFICIENT.
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P.O. Box 26 • Silver Lake, WI 53170

TO: Wiscousin Government Accountability Board

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

22rd District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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Richard Riscol Certification of Circulator	, certify:
Treside at 1201 S. Nevada Colorado Springs Colorado	80903
(circulator's residence - include number, street, and municipality)	• -
the signatures on this paper I know that the signatures on this paper I know that the signatures	ers are electors of the jurisdiction

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

TO: Wiscousin Government Accountability Board

(afficial with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsing (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



			
THE MUNICIPALITY USED FOR MAILING I	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT SU	IFFICIENT.
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Rothard Riscol	Certification of Circulat	or, certif	y:
Treside at 1201 S. Newad	ame of circulator) A CO OTA TO STINE STATE AND IMMERICAÇÃO DE LA COMPANION DE		ο3
I personally circulated this recall petition and person district represented by the officeholder named in this	ally obtained each of the signatures on this na	aner I know that the signers are electors	of the jurisdiction on the date indicates

opposite his or her name. I know their respective residences given. I support his recall petition. I an aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to: Recall Wirch

Page No. 2949

Page No. 2949

Page No. 2949

Www.RecallWirch.com • RecallWirch@gmail.com

	h whom nomination papers or declaration of candidacy for the c		All:NA
Ve, the undersigned qualified electors of the	22 nd Wisconsin State Senate District (jurisdiction or district of officeholder)	, Vitamin D	MISSING
etition for the recall of <u>Robert Wirch</u>	22 nd District State Senate of Wiscond (name of officeholder to be recalled and office)	siu 🔛	
rom office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
ne official responsibilities of the officeholder. No egislative, judicial, or county officials.)	STATEMENT OF REASON FOR RESON FOR RE	The reason must be related to all of state, congressional,	Have you seen me? Missing since 21/7/2011 www.RecallWirch.com RecallWirch@gmail.com
THE MUNICIPALITY USED FOR MAILIN	NG PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST	IICIPALITY OF RESIDENCE, IS NOT SU	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Complete	7003 Ols of AVI King to WI 53142	O Town O Village OCITY OF CITY	3-19/1
2. Sy C /K-9	11011 68 TZ p/ K52056 LJT 53/42	O Town O Village / \$ 10520	3-15-11
3. Dea R. Hells	470665-45+ Kenosha WI	OTOWN Lenosha OVIllage Lenosha Ocity 53142	3-19-(1
4. Jan Parter	7816 113Th Ave Pleasant Prairie WI.	Town 53158 Styllage Pleasqut Právice	3-19-11
5. 1 Carlo landere	Act 75 4 St Alzasal Pranton, Wi	D Town S 315 8 M Village D (Providere	3/18/11
6. Cough Thing	5119 28 th St (Lewo-scia W. 53/44	Town Village Kenvalia	3/19/11
7. Jack L	10620-79125T RAXANT PRANCHENTESSISTE	Town Kvillage City Cit	3/4/11
8. Dane Wennshi	1333 57 4 53142	O Town Kingsha O Village Kingsha	3/11/1
2. Sherres Bobick	55/4-43 BAYE.	O Village / Ch & Cha	3/19/11
	157 153144 157 153144	Town City KC Noda	3/19/1
EN DA			
6 lende	Sertification of Circulat	or , certif	y:

I personally circulated this recall petition and personally obtained each of the signatures on the district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that fals frying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

GAB-170 (Res. 6/2007). The information on this form is required by \$\$, 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, Wi. 53707-7984
608-266-8005, https://doi.org/10.1008/pmg-cmail/gab@wi.gov

----www.RecallWirch.com-∙-RecallWirch@gmail.com-

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
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2. Tanner Wensman	2001 Alford Park Duin	O Town O Village Kenssha Strity	4/2/11
3. Moory Selecter	1735 15th ave 53140	O Town O Village A City KENOSha	4/2/11
4.		□ Town □ Village □ Cily	
5.		☐ Town ☐ Village ☐ City	
6.		□ Town □ Village □ Cily	
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9.		☐ Town ☐ Village ☐ City	
10.		□ Town □ Village □ Cily	
2	Certification of Circulate	or	

	Ludiy	
0114	Certification of Circulator	
1. <u>CIPRISTOPHISA JOBANT</u>	certify:	
(na	ne of circulator)	
Treside at 1470 AVON DALE 1	Certification of Circulator (A)	<u>_</u> .
(circu	nor's fesidence - include number, street, and municipality)	
I personally circulated this recall petition and person district represented by the officeholder named in this	ally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction petition. I know that each person signed the paper with full knowledge of its content on the date indicatences given. I support this recall petition. I am aware that falsifying this certification is punishable under	nec
(date)	(signature of circulator)	

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 705

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <u>http://gab.wi.gov</u>/cmail: gab@wi.gov

GAB-170 (Rev.6/2007) The information on this form is required by \$§, \$.40 and 9.10, Wis. Stats

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wiscousing

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		JFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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Low de	1187/11 CT KONOSKEL 53178	O Town O Village O City C M O Sta	45/1
3. Milson Pertilo	S113 13+4/4/2 Kenusia, WE 53140	oxrown O Village O City	4/2/
4.	,	O Town O Village O Cily	
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10.		☐ Town ☐ Village ☐ Cily	

Certification of Circulator	
1. CHRISTURIER J. BAXTUR	_, certify:
(name of circulator)	
I reside at 1470 AVUNOME AUG, THEKSONUCLE, FC 22205	
(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. ZOSZ

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22th District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



The municipality used for mailing purposes, when different than municipality of residence, is not sufficient.					
	THE MUNICIPALITY OF RESIDENCE MUST	I	DATE OF		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	SIGNING		
Mairela Mayola	1304 - Watnstreet	orcity Kenoska	4/11/11		
2. Chris Myers	Kenosha, WI 53144	Town Utilage Kenosha	4/11/11		
3 John Olson May	3325 15th Genstha WI 57144	O Town O Village Collossifu	4/1/11		
4. Jenny Obrewon	59131949 ***********************************	10 Town 53140	4-11-11		
s. Shadalap Agos	1838 45th ST Kenosha WI 53140	D Youn U Village RENCONA	4/11-11		
6.	48145845 Ct Kenoshaw 153168	Town O Village Kln OSha	4/11/11		
7. June Sieules	1712 515+ UPPER Benesha 53140	City BENOSHU	4/11/11		
8 All Smer	Kenogha wx 53140	DVillage LAOS M	4/1/11		
9. July Som	3312 169 th Ave Henosna WI 5314	o Town O Village Renosha	4/11/11		
10. Mul mus	1603 231 BUR 16005111. WIL 540	Town Village Perbosh A	4/11/11		
I. RICHARD SACWAT	Certification of Circulate		tify:		
I reside at 23 A JOHNSON	I reside at 23 A JOHNSON RD LATHAM W 12110 (circulator's residence - include number, street, and municipality)				
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective rest. 12.13(3)(a), Wis. Stats.	s petition. I know that each person signed the pidences given. I support this recall petition. I at	paper with full knowledge of its content aware that falsifying this certification aware that falsifying this certification aware of circulator)	nt on the date indicated		
GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9. This form is prescribed by the Government Accountability Board, P.O. Box 7984, M 608-266-8003, http://each.org.com/mill:gab@wi.gov	10. Wis. Stats. P.O. Box 26 • Silver	Lake, WI 53170	No. 2053		

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officehulder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov email: gab@wi.gov

(date)

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF LLECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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2.	4032 315 ave	O Village	a 4/11
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3.	4056 25 MAR	□ Town	
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4.	2006 Washington &	☐ Town	,, ,
Quelluty-	WI 53140°	Acily Kenosha	4-11-11
5.A. b.	1010 Pershing Blue	Town 53/42	
frank/emmares	KeNOSHA WI	City Kenosha	4-11-11
8 11 1 2 1 1	2002 Washerton Rd	□ Town	
Chistologica _	Kenoster 4.7 53/4/1	S City KONESTA	4-11-11
7.62	3916-10th Ave	D Town	4 0 11
Kym Way	Benoxha WI534	Descrity Kenosha	4:11:11
(a)	4119-874 100 53140	□ Town □ Village 1/	4711
Mean emper!	4/24-7 TH AUS 53140	Der harad	(, () (
2. ()	923 45hst	☐ Town ☐ Village	11/1/
Daith Keigh	Thenostie 53/40	ercity Kouast	4-11-11
10.	8327 14th Av.	□ Town □ Village V 0 1 1 1	L'idealia
Aporca Trotter	henoshaust 53143	gicity henosha	900
2	Certification of Circulate	or	
I. RICHARD SALWAY		, certify	r.
reside at 23A JOHN SON RA	ame of circulator)	17110	
	ulator's residence - include number, street, and municipality)	,	
personally circulated this recall petition and person	nally obtained each of the signatures on this par	per. I know that the signers are electors of	of the jurisdiction c
listrict represented by the officeholder named in this	s petition. I know that each person signed the p	paper with full knowledge of its content of	on the date indicate

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

Z054

Please mail this form to:

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
	THE MUNICIPALITY OF RESIDENCE MUST		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Justin Powell	1784 Sheridan Rd.	D Town D Village Kew Sha	03/29/11
2. Dwanne fund	1403 30 Ave.	orcity Kenosha	3-24-11
3. Queller Gacor	1970 935	O Town O Mage O City	3-29-11
4. Lee Nelan	2001 Alford PK Dr Consuperation 53140	Grown Kenetho	3/29/11
5. Jehra Rosers	1.401-Sheridan Rd Verysta 83140	U Town U Village PCity Penus	3-29-11
6. Bollo , Denkins	1978 25 " Kanosle 33192	U Town U Village Pr Cily	3-09-11
1 17 Jun Dooks	1526 9074 AVE 15205HA 53997	D Town D Village R City	3/3/11
8. Afro Meason	1521,3(453(40	orown Orillage Ocity Kenosha	2/31/11
9. Robert I	1721 28th Street	orown Orillage Kerosha McCily	3/31/4
10. Terry on come	2401-18to,	D Town D Vyllage Senoska	3/3///
CHRISTOPHUR J. BAX	Certification of Circulate	or, certify	r.

	Certification of	f Circulator	
1, CHRISTOPHURS	T. BAXRR	<u></u>	, certify:
I reside at 1470 AVO	(name of circulator) NDAUS AWB, JACKSON (circulator's residence - include number, stre	VV1US, FL 32	205
I personally circulated this recall pet district represented by the officehold	ition and personally obtained each of the sign er named in this petition. I know that each per ir respective residences given. I support this re	atures on this paper. I know that the erson signed the paper with full kno	the signers are electors of the jurisdiction or powledge of its content on the date indicated fying this certification is punishable under
. ,	Please mail this form to:	Decall Wireh	

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. ZOSS

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-265-8005, https://peak.wi.com email: gab@wi.gov

GAR-170 (Rev. 6/2007). The information on this form is required by SS, S.40 and 9.10, Wis. State

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22st Wisconsin State Senate District

(jurisdiction or district of officeholder)

22rd District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN		SUFFICIENT.
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. O1 1124 ()	25222-83Rd ST	Ø Town	1 / /
CAWALA HAThings.	511511 3168	City SALGM	9/5/11
2 / / / / / / / / / / /	195600 93rd 4	Ø Town	11/9/1/
2. Kills (Kimor	(21/2	U Village	14-5-11
	Jakm W1 53/68	City	1-11-211
3-1 Diane	¥ 760 331 + 268 00 ₹ĕ	☐ Town ☐ Village	
THE THE PARTY OF T	Julem, WI	City	
4. 11 -2 0120	12039 231st Ave,	A Town	T.,
alliele () HADOR	Traver wit 53179	City Soiler	14-5-11
		ØXTown	1
5. 1 M. A. H. H. X	26801 91ST PLACE	O Village	(1 == 11
10 gar Nover	SALTU LI 53166	City Shi Co	4-5-11
6. A 6 1 4 A + 1	24401 98th At.	Town Village	1.,
(huste Buntiock	Salem WI53168	Ocity Salem	14-5-41
7. 1 1 1 1 1 1	272 W. 94H SV	□ Town	1
" Il I.I. Marklaga	5 // //	Uvillage S	61-5-11
17 William Mala	Salen or	Troity Silem	17-2-11
8. Dayor Torces	8707 2312 Ave	D-Yown □ Village / ()	11/2/11
Mara Parses	SAIEN WI	city Salew	4-51/
20 / 00	123705 (12th (+	Ø(Town	1 1
Dan N. W	Trover wi	City Sale M	14/5/11
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10. Para 2 /1) a D	8575 222 and flu	fivillane C' 1	14/5/11
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JP101 June	Certification of Circulator		
- CAN Stusso	ame of circutator)	, certify	<i>ŗ</i> :
reside at 8408 ENGLE	R / We St John	1 Mo 63/14	
		• •	<u> </u>
, (circi	alator's residence - include number, street, and municipality)		

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

GAD-170 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov/email:gab@wi.gov/ www.RecallWirch.com • RecallWirch@gmail.com

Please mail this form to:

(date)

§.12.13(3)(a), Wis. Stats.

Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rebusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



			FEIGURNE
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT SU	rricieni.
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	SIGNING
	Rural address must also include box or fire no.	Indicate Town, City, or Village	
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1. Frances May	82B 188T	Dily Kenafie	7/ 9/ U
	53190 53140	Town VII	1/1/1/
2.	1100 27 H	Village NOSHA	4/7 11
JAMES FERGONES	6214 11 Th avo	D Town	. () . ()
3	62 19 11 1 ave	U Village	4/4/11
Judge Privee	33140	ACity / MOVING	1/ 1/ 1
	6037 14 AVO	D Town	1/4///
44 John	57143	City Kenoy	/////
1/5 1/M-1-	16 15 5717sk	ET TOWN	
5/N 1/1/	10/3	O Cily Charl	4/4/11
PAY/JY	38/44	Town A	11/1
	1503 613	O Village	414111
The Vin Att	68143	Scily Mosha	~ <i>/_</i> -//-//_
190-00	1505 615	□ Town	Ulille
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1/1/1/W (B///W)	1100-54 Thet	1	
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CILA ATTIALLA	Certification of Circulat	.01 , certify	, .
1. CHRISTOPHER J. B	5/[X, 16/4		, .
1/171 AMMA1)	name of circulator) TAY KS (MILL)	UE, FL 32205	
I reside at 14 10 1+ VONUA-L	entered residence include number, street, and municipality		

district represented by the officehold	ler named in this petition. I know that each pe fir respective residences given. I support this re	ecall petition. I am aware that falsi	fying this certification is punishable under
§.12.13(3)(a), Wis. Stats.	14/11	11/-122	
(date)	Discounties the form to:	(signature of circular	ator)
	Please mail this form to:	Recall Wirch x 26 • Silver Lake, WI 53	Page No.
GAB-170 (Rev.6/2007) The information on this form is a This form is prescribed by the Government Accountability 608-266-8005, https://gab.wi.gov	P.O. BO Poord, P.O. Box 7984, Madison, WI 53707-7984 WWW. RecallV	Virch.com • RecallWirch@g	mail.com 2057

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated

TO: Wiscousin Government Accountability Board

tofficial with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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I reside at 1470 AVUNDALE	MAVE, TACKSONULLE	PL 32205	·	

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I personally circulated this recall petition and personally obtained each of the signatures on the district represented by the officeholder named in this petition. I know that each person signed opposite his or her name. I know their respective residences given. I support this recall petition §.12.13(3)(a), Wis. Stats.	d the paper with full knowledge of its content on the date indicated

Please mail this form to:

Recall Wirch

s. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170

poscribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-2984

Page No. 2058

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22rd Wiscousiu State Senate District

petition for the recall of Robert Wirch

22dd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.

required by \$\$, \$,40 and 9,10. Wis, Stats

ability Board, P.O. Box 7984, Madison, Wt 53707-7984



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	SICIPALITY OF RESIDENCE, IS NOT S	SUFFICIENT.
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Please	e mail this form to: Recall W	/irch	

P.O. Box 26 • Silver Lake, WI 53170

TO: Wiscousin Government Accountability Board

608-266-8005 <u>http://gab.wi.gov</u>-email: gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

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(name of officeholder to be recalled and office)

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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I personally circulated this recall petition and person district represented by the officeholder named in thi opposite his or her name. I know their respective res	s petition. I know that each person signed the p	paper with full knowledge of its co.	ntent on the date indicate
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This form is prescribed by the Government Accountability Board; P.O. Box 7984; 5	Madison; WI-53707-7984		7660

TO: Wiscowin Government Accountability Board

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT SU	FFICIENT.
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district represented by the officeholder opposite his or her name. I know their r	n and personally obtained each of the signanamed in this petition. I know that each perespective residences given. I support this rea	san sianga ing babci wilit ian waa	e signers are electors of the jurisdiction or wledge of its content on the date indicated ring this certification is punishable under
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P.O. Box 26 • Silver Lake, WI 53170 GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats This form is prescribed by the Covernment Accountability Board, P.O. Box 1984, Madison, WI 53102-7984 www.RecallWirch.com • RecallWirch@gmail.com 608-266-8005, http://gab.wi.com/cmail:gab@wi.gov

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22th Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
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Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

PAB-170 (Rev. 6/2007). The information on this form is required by §§. 8.40 and 9.10. Wis. Stats. om is prescribed by the Government Accountability Board; P.O. Box 7984, Madison, WI-53707.

www.RecallWirch.com • RecallWirch@gmail.com

8005 http://gab.wi.cov/cmail: gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District (jurisdiction or district of officeholder)

22dd District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
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Please mail this form to:

Recall Wirch

Page No. 2063

GAB-170 [Rev.&2007]. The information on this form is required by §§, \$40 and 9,10, Wis, Stats.

This form is prescribed by the Covernment Accountability Beard; P.O. Bex 7984; Madison; WI-51707-7984. P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District (jurisdiction or district of officeholder)

22rd District State Senate of Wiscousin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

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1 reside at	LE AUK, JACKSON	NYILLO, Fr 322	05
I personally circulated this recall petition a district represented by the officeholder name opposite his or her name. I know their response	ed in this petition. I know that each	person signed the paper with full kno-	wledge of its content on the date indicate
§.12,13(3)(a), Wis. Stats.		92012	

Please mail this form to:

Recall Wirch

(signature of circulator)

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

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I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective resi §.12.13(3)(a), Wis. Stats.				falsifying this certifi		
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Page No.

2065

GAB-170 (Rev. & 2007). The information on this form is required by \$§. 8.40 and 9.10. Wis. Stats.

This form is presented by the Government Accountability Board, P.D. Box 7984; Madison, WI 537072-7984.

(66-264-8005, <u>http://gab.wi.com/</u>cmail; gab@wi.gov

P.O. Box 26 • Silver Lake, WI 53170

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wiscousiu State Senate District

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. 1. Militage Municipality of Residence Indicate Town, City, or Village SIGNING 1. Militage Municipality Munic		PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
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Certification of Circulator , certify:				
I reside at SUO Victory Blad Staten Island, My 10301 " (circulator's residence - include number, street, and municipality)				
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicate opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under				
§.12.13(3)(a), Wis. Stats. 3241 (signature of circulator)	§.12.13(3)(a), Wis. Stats.		ma	<u>-</u>
Please mail this form to: Recall Wirch GAB-170 (Rev. 4-7007) The information on this form is required by \$§ \$.40 and 9.10, Wis. Stats This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 P.O. Box 26 • Silver Lake, WI 53170 Toldo	Please GAB-170 (Rev. 6/2007) The information on this form is required by \$6, \$.40 and 9.1	10, Wis. State PO Box 26 • Silver	Virch Page No	

TO: Wisconsin Government Accountability Board

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22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
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	Please mail this form to:	Dogall Wireh	

Page No.

GAB-170 (Rev. 6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis. State This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov/email; gab@wi.gov

P.O. Box 26 • Silver Lake, WI 53170

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

22rd District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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1, 2001	, cerniy:
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(circulator's residence - include number, street, and municipality)	
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district represented by the officeholder named in this petition. I know that each person signed the paper with full knowl	edge of its content on the date indicated
opposite his or her name. I know their respective residences given. I support this recall petition. I a)n aware that falsifyin §.12.13(3)(a), Wis. Stats.	
(dste) / (signature of circulator)	335
Please mail this form to: Recall Wirch	Page No.

GAB-170 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis, State P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, W1 53707-7984

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District (jurisdiction or district of officeholder)

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22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

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(circulator's residence - include number, street, and municipality)	
personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signer district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge	
opposite his or her name. I know their respective residences given. I support this recent petition. I am aware that falsifying this §.12.13(3)(a), Wis. Stats.	certification is punishable under
(date) (signature of circulator)	elle
Please mail this form to: //Recall Wirch	Page No.

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Please SAB-170 (Rev. 6/2007) The information on this form is required by \$8, 8.40 and 9,10 This form is prescribed by the Georemonnt Accountability, Board, P.O. Box 7984, Mac		Lake, WI 53170 Page No.	2070			

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(name of circulator)						
I reside at 4219 & Courtonan Cin Wichtelly 61210						
(circulator's residence - include number, street, and municipality)						
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or						
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§.12.13(3)(a), Wis. Stats. 3(21)11						
(date) (signature of circulator) Please mail this form to: Recall Wirch						
	11000111		Page No.			
GAB-170 (Rev. 6/2007) The information on this form is required by \$8, 8.40 and 9.10, Wis. State. P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-1981 WWW.RecallWirch.com • RecallWirch@gmail.com						
ന്ദേട-26-8005, <u>http://sch.wi.co.</u> email: gah@wi.gov www.Hecallvvircn.com • Hecallvvircn@gmail.com						

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
1 John Schaufer	11109 235 th aux Trevor WI 53179	MTown □ Village TREVOR □ City	4-05-11		
2. Matt Pyle	23727 1274 AI Trevor W: 53179.	Sulfown Utillage Ucity	4-05-11		
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5. Das Swanson	22210 86 place.	O Town O Village O City O Cale	4-5.11		
" Trans Hellamo	30616 76th St. Salem, WI 53168	Stown O Village City	4-5-11		
7 Danel Damon	23315 80th Place SALEM	Ortown O Village Salem	4-5-11		
*KareicKomanda	23402 1240th St TREV.IR., W.L. 53179	Town Usuage WeVOV	4-5-11		
Mahelee Stelsh	7121 288 Ave Salen WI 53168	Town Uvillage Scilen	4.5-11		
10. Clinton Schnille	7620 274 TH AUE TREWAR WI 53174	©LTown □ Village □ City T R ← V ∪ R	4-5-11		
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Clarke Schulter	TREVUR WI	53174	D City	TREVOR	4-5-11
Jew Stussie	Certification (of Circulat	or		, certify:
I reside at 8408 ENGLER"	iambolicirculator)	John	Mo	63/14	<u> </u>
(circ	ulator's residence - include number, si	reet, and municipality)		
I personally circulated this recall perition and person	nally obtained each of the sig	natures on this pa	aper. I know	that the signers are	electors of the jurisdiction or
district represented by the officeholder named in this					
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(date)			(signature of	circulator)	
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GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9. This form is prescribed by the Government Accountability Beard, P.O. Boy 1984, A	ladison, W1-53707-7984	ox 26 • Silver	Lake, W		Page No. 7-0-77-
608-266-8005, http://gab.wi.gov_email: gab@wi.gov	www.Recall	Wirch.com • R	lecallWirch	ı@gmail.com └	

TO: Wiscousin Government Accountability Board
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22rd District State Senate of Wisconsin petition for the recall of Robert Wirch

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4. 12	9045 256 14 Ave	D Town	,	
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1 reside at 8408 English Mre-St John Mo 63114	·
(circulator's residence - include number, street, and municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors	of the jurisdiction or
district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content opposite his or her name. I know their respective residences given. I support this receding this certification	on the date indicated
§.12.13(3)(a), Wis. Stats. (date) (date) (date) (date)	
Please mail this form to: Recall Wirch GAB-170 (Rev. 6/2007) The information on this form is required by \$5, \$40 and 9.10, Wis. Stats. PO Box 26 • Silver Lake, WI 52170	o. 2073
GAB-170 (Rev. 6/2007) The information on this form is required by \$\$, \$.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, \$0.180, 7094, Absolute Mill, \$1707, 2004.	7-2-7

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

22rd District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22. State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.				
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
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1	/ Certification of Circulator	
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reside at 800 Vict	ory Blue Staten Island,	KY 10301
	(circulator's residence - include number, street, and municipality)	,

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. 2071

GAB-170 (Rev. 6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis. Stats

TO: Wisconsin Government Accountability Board

OAB-19 (New 2007) The minimum remains remained by Stand, P.O. Box 7984, Madison, WI 53707-7984
(68-266-8005, http://eah.wi.gov...cmil.gab@wi.gov...V

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehwing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT	UFFICIENT.
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
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I reside at SCO Victor	name of circulator), Staten Isla	ard Ny 10301	
(cirl	ulator's residence - include number, street, and municipality)	` '	•
I personally circulated this recall petition and perso	nally obtained each of the signatures on this pa	per. I know that the signers are electors	of the jurisdiction o
district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated			
opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.			
	1_ all	(signature of circulator)	_
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GAB-170 (Rev. 6/2007) The information on this form is required by §§. S. 40 and §		1 Pave N	7.075

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be velated to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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§.12.13(3)(a), Wis. Stats.	3-22-11	(signature of circulator)	
	Please mail this form to:	Recall Wirch	Page No

[™]Z<u>076</u>

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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(date)	Please mail this form to:	(signature of e	Page No.	

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wiscousiu State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wiscousin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
	Rural address must also include box of fire no.	Indicate Town, City, or Village	SIGNING	
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Treside at 8408 ENGLER St John Mo-63114 (circulator's residence - include number, street, and municipality)				
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated				
opposite his or her name. I know their respective residences given. I support this recall patition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.				
Please mail this form to: Signature of circulator) Recall Wirch				
Page No. The form is prescribed by the Government Accountability Board, P.O. Dox. 7984, Madison, WI - 53107, 7984 Www.RecallWirch.com • RecallWirch@gmail.com				

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22" Wiscousiu State Sexate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

- 608-266-6005 . http://eab.wi.em-email:gab@wi.gov

GAB-170 (Rev.6/2007). The information on this form is required by \$\$, 8.40 and 9.10. Wis, State

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

22rd District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Please mail this form to:

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUNTHE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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hed all Land	1817-1014NSA PLATOR WISHS	Drown Acasant Prairie	32511
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reside at 1201 3 Nevador	amon' circulator) Colorado S-orinas Ilator's residence - include number, surjet, and majoripality)	Colorado 80903	
personally circulated this recall petition and person strict represented by the officeholder named in this	nally obtained each of the signatures on this pa	per. I know that the signers are electors	of the jurisdiction

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rebusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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Treside at 1201 S. Navada	(name of girculator)	Springs	Colorado	80903	
	(circulator's residence - include number, s				
I personally circulated this recall petition and pedistrict represented by the officeholder named in opposite his or her name. I know their respective	this petition. I know that each	person signed the pape	er with full knowledge	of its content of	on the date indicated
§.12.13(3)(a), Wis. Stats. Moreh 2	4 2011 Y	reh	ighature of circulator)	<u>~</u>	
(date) Ple	ease mail this form to:	Recall Wir	•	r -	

P.O. Box 26 • Silver Lake, WI 53170

Page No. 7080

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-R005, http://gab.wi.gov.cmail; gab@wi.gov

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. State

TO:	Wisconsin Governmen	Accountability	Board	candidacy for the office is filed)
TO: _	<u>Wisconsin Government</u>	Accountability	Board	candidacy for the office is file

We, the undersigned qualified electors of the 22nd Wiscousiu State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.

-This form is prescribed by the Government Accommability Board, P.O. Box 7984, Madison, WI. 53702-7984
608-266-8005, https://gab.wi.gov/

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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ulillie Edward	Certification of Circulate	or , centi	fy:
Treside at 42 E 50TH S	name of circulator) **TUSCA OK culator's residence - include number, street, and manicipality	74126	
I personally circulated this recall petition and personal district represented by the officeholder named in the opposite his or her name. I know their respective re \$.12.13(3)(a), Wis. Stats.	onally obtained each of the signatures on this pa	naper with full knowledge of its content	on the date maicale
(datc) (datc)	se mail this form to: Recall \	(signature of sizeulator) Wirch	

P.O. Box 26 • Silver Lake, WI 53170

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

D Last Ittind De District Clate

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF				
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Certification of Circulator							

. /1	22 Lie (Saluva	Certifica	tion of Circulator	ŗ	cortifu	
I reside at	43 E	Soth	(name of Arculator)	Tulsa	OK 741	, certify:	
		(c	irculator's residence - include	number, street, and municipality)	·		

I personally circulated this recall petition and personally obtained each of the signatures of this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support the page that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

_3.22.11

(signature of circulator)

Please mail this form to:

GAB-170 (Rev. 6/2007). The information on this form is required by §§, S-40 and 9.10. Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170

Page No. 7087

TO: Wisconsin Government Accountability Board

GAB-170 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis. Stats

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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1, <i>(XV)1([[</i> [e Ecu	Jards Cer				, certify:	
I reside at 4	3 E 50	HIF SI /	Vorth	Tulsa, OK	741	26	
		(circulator's residence	e - include number, stre	er, and municipality)			
district represented by	the officeholder na ne. I know their res	med in this petition. I	know that each pe	atures on this paper I know that rison signed the paper with full call partition. I am aware that fa	knowledge of i Isifying this ce	ts content on the date i	indicated
		Please mail thi	s form to:	Recall Wirch		Page No.	

P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board; P.O. Bov 7984; Madison, WI 53707-7984 (488-266-8005, http://gab.wi.gov email: gab@wi.gov www.RecallWirch.com • RecallWirch@gmail.com

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ICIPALITY OF RESIDENCE, IS NOT SU ALWAYS BE LISTED.	JFFICIENT.
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Richard Riscol	Certification of Circulate	or, certify	<i>y</i> :
reside at 1201 Sillewarda (me of airculator) O () A () Istor's residence - include number street, and quipicipality)	olora la 80903	
personally circulated this recall petition and person istrict represented by the officeholder named in this posite his or her name. I know their respective resi	lator's residence - include number street, and individuality) ally obtained each of the signatures on this parameters. I know that each person signed the p	per. I know that the signers are electors or apper with full knowledge of its content of	on the date indica

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

2084

21 March 2011

GAB-170 (Rev.6/2007) The information on this form is required by §§, \$.40 and 9.10. Wis. Stats.

Please mail this form to:

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING				
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10. hr	G26 12THAO WI	O Town O Village O City O City	3.26.11				
Cartification of Circulator							

1. RTCHARD SACWAY Certification of Circulator	, certify:
(name of circulator) I reside at 23 A Johnson RD LATHAM UT 12110 (circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge opposite his or her name. I know their respective residences given. I support this repail petition. I am aware that falsifying §.12.13(3)(a), Wis. Stats.	ledge of its content on the date indicated

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 030

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. State

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the <u>22rd Wiscousiu State Sexate District</u> (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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1 - [Cei unication of	Circulator	
1 Michard MSCO)	·		, certify:
1 reside at 1201 5 Nova	(napre of directation) (circulator's residence - include number, street	rings Colonado	80903
	(
I personally circulated this recall petition a	nd personally obtained each of the signa	atures on this paper. I know that the signers	s are electors of the jurisdiction or
district represented by the officeholder nam opposite his or her name. I know their respectively.	ed in this petition. I know that each per	rson signed the paper with this knowledge of	certification is punishable under
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	Please mail this form to:	Recall Wirch	Page No.

P.O. Box 26 • Silver Lake, WI 53170

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This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
668-266-8005, https://pah.wijoo.cmail.gab@wigov
V

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

22rd District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



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1 RT(HARD SALWAY Certifica	tion of Circulator
I reside at RECHARD SALUAL 23 (circulator's residence - include	A Jolluson RD LATHAM NY 12116.
district represented by the officeholder named in this petition. I know the	of the signatures on this paper. I know that the signers are electors of the jurisdiction of at each person signed the paper with full knowledge of its content on the date indicated port this recall polition. I am aware that falsifying this certification is punishable under

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev.6/2007). The information on this form is required by §§, \$.40 and 9.10. Wis. Stats This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005 http://gab.wi.eoz cmail: gab@wi.gov

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

22d District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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personally circulated this recall petition and persor strict represented by the officeholder named in this	nally obtained each of the signatures on this pa	per. I know that the signers are electors	of the jurisdiction

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

GAB-170 (Rev.6/2007). The information on this form is required by §§. \$.40 and 9.10. Wis. State This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

Page No. 2088

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22th District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Rebusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
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l. , , , , , , , , , , , , , , , , , , ,	2001 Al Ford Park Dr Di	Town L	36.1	
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100	mail box 215 Carmage (shafe	D Village Kenosh 内 興City	3/28/4	

Roberd Proid	Certification of Circulator	
1, NCNMONSOIT	me of circulator)	ada Springs Colorada 8090
I reside at	ator's residence - include number, street, and municipality)	am zbrings colainto oni

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support his recall petition. I am aware that fateifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2089

GAB-170 [Rev.6/2007]. The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005; http://gab.wiseo.com/il.gab@wisgor

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include, box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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3. Jos Telles	Ken 7424. 16904 Kenosho W, 53143	a town g Village Kenusha Declity	4.2.11
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RICHARD SALWA	Certification of Circulate	or, certify	r <u>.</u>
reside at 23 A JOHNSON	name of circulator) LO CATHAM UF 1 ulator's residence - include number, street, and municipality)	2110	<u> </u>
personally circulated this recall petition and perso istrict represented by the officeholder named in thi posite his or her name. I know their respective respective respective.	nally obtained each of the signatures on this pays spetition. I know that each person signed the pastidences given. I support this recall petition. I are	aper with full knowledge of its content of	on the date indicat
Pleas AB-170 (Rev. 6/2007) The information on this form is required by §§. 8-40 and 9 its form is prescribed by the Government Accountability Board, P.O. Box 7984, 8 8-266-8003, http://gabwi.gov/enail/gab@wi.gov/		Lake, WI 53170	7090

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22dd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Sexute of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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10. Markol	Pleasant Plaise WE 53158	Drown Syllage Pleason 7/25	3-25-11
Richard Riscol Certification of Circulator			

, Richard Rise	Certification of Circulator	, certify:
	Nevada Colorado Springs	
	(circulator's residence - include number, street, and municipality)	
	t - stick and assembly obtained each of the computers on this paper.	know that the signers are electors of the jurisdiction

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

signature of circulator)

Page No. 2091

GAB-170 (Rev.6/2007) The information on this form is required by \$§, 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, https://doi.org/10.1007/pii/gov/p

		,	
TO: Wisconsin Government	Accountability	Board	_

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



			
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
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2. Davie D. G. 72/4/4	774-7±1 57 Kenos h 457140	D Village S DMC V 5	3/27/11
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8. Tracy Varros	19811 Burlington Rd Union Grove up Sil	Brown Do C	3/23/1
9. Jen Little	7531 174 Ave Venugla, WI 53143	Town Unitage Kennaha	3/23/11
10.		☐ Town ☐ Village ☐ City	
Richard Riscol	Certification of Circulate	or, certif	y:
\sim VI \sim I	ane of circulator) Sp. C1047 Cp. of	eda 80903	

Machand Kiscol	, certify:
I reside at 1201 9 Nevada Colora do (circulator's residence - incl	Spring Colorado 8093 ude humber, single, and municipality)
dictrict represented by the officeholder named in this netition. I know	th of the signatures on this paper. I know that the signers are electors of the jurisdiction of that each person signed the paper with full knowledge of its content on the date indicated apport this result perition. I am aware that falsifying this certification is punishable under (signature of circulator)
Please mail this follows the information on this form is constitutely \$8.840 and \$2.00 Wis. State.	rm to: Recall Wirch PO Box 26 • Silver Lake WI 53170 Page No.

ORDER TO RECOGNIZE THE INSTRUMENT OF THE RECOGNIZED BY STOCKING AND ASSOCIATION OF THE STOCKING OF THE STOCKIN

: Wisconsin Government Accountabili	RECALL PETITION Board hom nomination papers or declaration of candidacy for the o	Office is filed)	OPEN
e, the undersigned qualified electors of the 22			Milk
tition for the recall of <u>Robert Wirch</u> 22	arisdiction or district of officeholder)	l J	MISSING
om office pursuant to Article XIII, Section 12	of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.	
S' he reason for recall must be stated on petitions for a e official responsibilities of the officeholder. No sta gislative, judicial, or county officials.) Phusing to represent the citizens of Wis	atement of reason is required to initiate the rec	The reason must be related to all of state, congressional,	Have you seen me' Missing since 2/17/20 www.RecallWirch.com RecallWirch@gmail.co
THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	TICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
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10.		□ Town □ Village □ City	
Richard Riscol	Certification of Circulat	or, certif	îy:

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall perition. I am aware that falsifying this sertification is punishable under §.12.13(3)(a), Wis. Stats. (signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2093

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ICIPALITY OF RESIDENCE, IS NOT S ALWAYS BE LISTED.	SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Marthy X. Catilla-	1600 50-th Street Kenaha W.I 53140	D Town D Village Brity Renoshe	4-4-11
2. Mand onterna Contille	1800 50th St. 12mes la	O Town O Village MCity	4-4-11
3. Adriano Mercudillo	5020 24th Ave Kenosha WI 5314L	orown Ovillage Kenosha	4/4/11
4.		☐ Town ☐ Village ☐ Cily	
5.		□ Town □ Village □ City	
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10.		☐ Town ☐ Village ☐ Cily	

	
Kichard Riscol	, certify:
Treside at 1201 S. Nevada (Aned Coronado Spr	ings Colorado 80903
(circulator's residence - include number, s	treet, and municipality)
I personally circulated this recall petition and personally obtained each of the significant represented by the officeholder named in this petition. I know that each proposite his or her name. I know their respective residences given. I support this §.12.13(3)(a), Wis. Stats.	nerson signed the paper with full knowledge of its content on the date more the
Please mail this form to:	Recall Wirch Page No.

2094

GAB-170 (Rev.6/2007) The information on this form is required by §§, \$.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-2984 P.O. Box 26 • Silver Lake, WI 53170

608-266-8005, http://eab.wigov.cmail; gab@wigov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wiscousing (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.			
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	· · · · · · · · · · · · · · · · · · ·
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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'all	8822-43 M	Oronn Ovillage Knoska	3/28/11
2. Marie Somme	Solem 53168	artown Divilage Saley	3-18-4
3. NICK KRAIZN	5205 2+P ST Kenosha, W1 53144	O Town O Village Q City	3-28-4
4 Alan Lachmon	1002 11145 St Pleasent Prair C. WI 5388	intown Heasaut Prairie	3-28-11
Sal Hole	5541 37an	O Town O Village Kerooff	32811
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10.		□ Town □ Village □ City	
			· · · · · · · · · · · · · · · · · · ·

, Richard Riscol	Certification of Circulator	, certify:
Treside at 1201 S. Neurode	(name of circulator) Colora do Spring Colora do circulator's residence - include number, silect, and munifipality)	80903

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support his recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

.12.13(3)(a), Wis. Stats. 11 web 28 201

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. ZO95

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

ΓO:	Шілевиліи	Gruerument	Accountability	ı Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.			
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Glorine Hall	5124 61st Street Kenosha WI53142	ortown Kenosha	3/18/11
2. Michal Tludy	29717102) + 53142 TRVET 53142	Sorvillage Kon & Ma	3/18/1
Deboahlathen	5411 58th Aue 12 enoths, WX5344	a Town Sevillage Kenosha	3/19/11
4. Michelle Mc Dutosh	5811 63rd st Kenosha, w., 53142	O Village Yemsha Secity	3/18/11
5. Alex Deuries	2103 84th ST Kenosla WI 53143	O Town O Village Kenuslia	3/18/11
6. Kayla Kovacic	24308 18TH 50140	D Town D Village Sacity Lenoshu	3/18/11
Teauett Sceler	6040 243 CT	Skillage ADDOCK LAKE	3/18/11
8. Jennifer Molinaro	915-74451- Venostates 53143	D Town D Village Excity CONTROL CONTR	3/18/11
9. Rudy Casmez	Newly Strange	Oronn Orijlage Ocily (ENOSha	7/18/11
10. Adules Rohde	\$002 grandar A 53143	O Town O Village O City	311311
Certification of Circulator Certification of Circulator Certify:			
I reside at 1201 S. Neurada Colorado Springe Colorado 80903 (circulator's residence - include number. strat, and numicipality)			

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

> (date) Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No.

GAB-170 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis. Stats This form is prescribed by the Government Accountability B. ard, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gub.wi.com/email: gab@wi.gov

TO: Wisconsin Government Accountability Board

tofficial with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

petition for the recall of Robert Wirch 22rd District State Senate of Wiscousing (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT SI	JFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	Rural address must also include box or fire no.	Indicate Town, City, or Village	
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2. () () ()	9003 6214 ADE PRACANT PR US 53158	a royar PHASHUT Prairie	3-18-11
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4. All Holors	5803 32nd Ave	☐ Town	3/18/11
Albby Muters	Kerusha WE 534	D'Ullage Kerrosho	
James Loppine	Rangsha W1 53140	Drown Kennel	3/18/11
6. Amonty	18 20 40 53140	Brillage Omes	316814
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8. James Seel	Kensha Wi 53143	D Town D Village SECity	5184
9. Ranon Wishon	1501-116951	town Bearsant Printing	73158
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Dellin Dear	1 Pinuster 53199	g scity Kenoshe	1
Certification of Circulator			
1, Richard Kiscol, certify:			
I reside at 1201 S. Neurodo Colorado Sprins (a lorado 8090) (circulator's residence - include number, stred, and number pality)			
			of the invisdiction o
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under			

(date)

Please mail this form to:

§.12.13(3)(a), Wis. Stats.

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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3.	1532 19 ave "	□ Town	
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AB-170 (Rev.&2007) The information on this form is required by §§, 8.40 and 9,10 is form is prescribed by the Government Accountability Board, P.O. Box 7984, Man	We the DOD OO OU	Daga Ma	
8-266-8005; http://gib.wi.gov.com/ii/gab/g/wi.gov	www.RecallWirch.com • Re		<u> </u>

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
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(circ	ulator's residence - include number, street, and muricipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition, I am aware that fallifying this cortification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev. 6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis. Stats This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 508-266-8005, http://gab.wi.gov/cmail; gab@wi.gov

TO: Wisconsin Government Accountability Board

608-266-8005, http://eab.wi.cov/email: gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

22rd District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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Richard Kiscol	Comments of Chemian	, certify	<i>r</i> :

Certification of Circulator	
Richard Riscol	, certify:
I reside at 1201 S. Navada Colorado Sorias Colorado (circulator's residence - include number, street, and municipalist)	80903
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of it opposite his or her name. I know their respective residences given. I support this result petition. I am awase that falsifying this ceres. §.12.13(3)(a), Wis. Stats.	is content on the date matched
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Please mail this form to: Recall Wirch GAB-170 (Rec. 6/2007) The information on this form is required by \$5, \$40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability (Rosal, P.O. Hox 7984, Madison, WI 53707-7984) P.O. Box 26 • Silver Lake, WI 53170	Page No.